

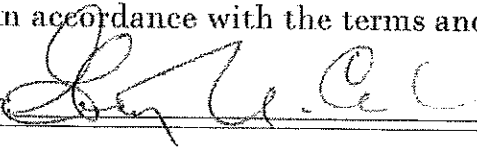


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Denali Training Fund Quarterly Progress Report

Funds for this project are provided by the USDOL and the Denali Commission and managed, in partnership, by the Alaska Department of Labor and Workforce Development.

Name of Organization: City of Togiak	
Name of Project: Heavy Equipment Operator Training	
Reporting Period: January 1, 2008 to March 31, 2008	
Contact Person: Gary Carlos	
Contact Number: 907 493-5820	Email Address: gncarlos@starband.net
Expenditures to date:	
Certification: I certify that the information in this report is current, correct and true and in accordance with the terms and conditions of the agreement.	
Signed by  Dated April 15, 2008	

1. In a few sentences, please describe the scope of your project: Train local residents in the operation and use of City of Togiak heavy equipment including the City's Rock Crusher.

2. Project Activities for this Reporting Period:

Describe the grant activities that happened during this report period. Include planning, advertisement and/or training performance that occurred this quarter? List any accomplishments achieved. (Attach advertisements if applicable) NO ACTIVITIES DURING THIS REPORTING PERIOD.

3. Scheduled Project Activities/Important Dates for next quarter:

Describe your planned activities and training for next few months. Please include important dates like graduation, site visits, travel, job fairs, etc. The start-up and training in the operation of the City's Rock Crusher. This will be accomplished prior to June 30th.

4. a. How many are in your training program during this reporting period? 0

b. How many people have been trained and/or certified to date from this grant?

(Please complete form below.) 11 Previously reported

5. Please list complete the list by putting the community to which each individual trained is from, the type of training and certification, the graduation date and who will employ them upon completion of training.

Community where trainee lives	Type of Training/ Service	Type of Certification to be earned/earned	Dates of training	Graduation Date	Employment commitment after training is complete

Please copy and use another sheet if you need more spaces.

6. Please identify any problems or changes in your training project that will affect the budget, scope or timeline of the project. Is your training on schedule? What are the reasons for any difficulties or delays? Are you over budget/under budget? Have you had to change the initial scope?

Please provide an explanation to this change and your resolution to the variance. Training is on schedule waiting for break-up to occur.

7. How are you or will you be evaluating the individuals being trained to ensure competency, skill level and understanding? (Testing, assessment, etc) Start-up and operation will be key to showing that trained personnel reached the needed skill level.

8. Please identify areas that we can assist you in the future.